FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # F9400002057 (7)

USF DUGAN INC.

NAME CARRUTH, J.C. 12 NAME STREET ADDRESS 9700 HIGGINS ROAD, STE. 570 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP Change Additio Addi	Principal Place of Business Mailing Address										
2. Principal Place of Business 2a. Mairing Address 3c. Electrometry 3c. Mairing Address 3c. Electrometry 3c. Mairing Address 3c. Electrometry 3c. Mairing Address 3c. Cartificate of Status Desired 3c. Cartificate of Status Desired 3c. 75 Additional 3c. Cartificate of Status Desired 3c. Cartificate 3c. Cartif											
Principal Packs of Equances 28							3. Date Incorporated or Qualified	3a. Da	te of Last R	eport	
28						···	04/20/1994	04/0	3/1996		
Suite. April #, etc		ipal Piace of Business	ı								
City & State City		A-1 4 -1-	<u>. </u>			· · · · · · · · · · · · · · · · · · ·	48-0760565				
City & State City & State Country Zip Country Zip Country Zip Country Zip Z		, Apr. #, etc	├ ──				5. Certificate of Status Desired				
28		& State		·			& Election Comparing Exercises			·····	
Zip Country Zip Signature Zip Signat							, , ,	\Box			
25 29 30 Florida Statutes Ves No.		Country		Cou	ntry		 				
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 150 PLANTATION FL 33324	24	25	29	30							
** 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 ***87 **PAINTATION FL 33324 ***88 ***80 ***100 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 ***81 ***81 ***81 ***82************		9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New Re	istered /	Agent		
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City		CT CORPORATION SYSTEM			81	Name					
B3	•			}	82	Street Addre	ess (P.O. Box Number is Not Acceptab	le)			
Section Section 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent arminary with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATUFE Symbor: registere agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent arminary with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATUFE Symbor: registere agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent agent agent agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent agent agent or source agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent age											
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Septimen, tysed or premia have of registered agent and titled applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. SIRRET ADDRESS SIPET ADDRESS SIPET ADDRESS SIPET ADDRESS SIRRET					83						
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent in both, in this state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent in front an intervity, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. ITITLE 15. CARRUTH, J.C. 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 16. CARRUTH, J.C. 17. SITERET ADDRESS 17. SITERET ADDRESS 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. Additional interview of the provisions of registered agent signature required when reinstating) 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 10. CARRUTH, J.C. 10. DELETE 11. TITLE 11. STREET ADDRESS 12. STREET ADDRESS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. CITY-ST-ZIP 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 16. Change Additional Addition				}	84	City			85 Zip i	Code	
SIGNATURE Signature, vipid or printed name of region and title of policions 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N 12						<u> </u>		FL			
12.			and 607, 1508, Florida State of Florida. Such change was significant of, Section 607,0505,	as authorized Florida State	l by utes	e-named corp the corporati s.	oration submits this statement for the pon's board of directors. I hereby accep	urpose of t the app	changing it ointment as	registered	
THLE C	SIGNAT	URE Signature, typed or printed name of registered.	agent and title if applicable (I	NOTE Registered	Age	ent signature require	ed when reinstating)	DATE			
NAME CARRUTH, J.C. 12 NAME STREET ADDRESS 9700 HIGGINS ROAD, STE. 570 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	12.	OFFICERS A	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	RS IN 12	
STREET ADDRESS 9700 HIGGINS ROAD, STE. 570 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	TITLE	C	☐ DELETE	E 1,1 TITL					Change	Addition	
CHY-ST-ZIP ROSEMONT IL 60016	NAM			1.2 NA	ME.						
TITLE D	STREET ADD		570	1.3 ST	reet	ADDRESS					
NAME ELLIS, C.L. 2.2 NAME 2.3 STREET ADDRESS 9700 HIGGINS ROAD, STE. 570 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 7.5 NAME 2.5 NAME		ROSEMONT IL 60018				T-ZIP					
STRIET ADDRESS 9700 HIGGINS ROAD, STE. 570 23 STREET ADDRESS 24 CITY-ST-ZIP		1 9	L'I DELETE						L_J Change	Addition	
CITY-ST-ZIP ROSEMONT IL 60018											
DELETE STITLE Change Addition											
NAME EGGLETON, CHARLES V 32 NAME 32 NAME 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP			Priete			ST-ZIP			Chance	T adding	
2020 WEST HARRY STREET 33 STREET ADDRESS WICHITA KA 34 CITY-ST-ZIP WICHITA KA 34 CITY-ST-ZIP Change Addition Add			["] DETELE	•			. •	÷	Change	L.J ADDITION	
CHY-ST-ZIP WICHITA KA 34 CHY-ST-ZIP						1000000					
TITLE				1		i i					
NAME SCHLAEGEL, DAVID M 4.2 NAME 9700 HIGGINS ROAD, STE. 570 4.3 STREET ADDRESS CITY-SI-70 ROSEMONT IL 60018 4.4 CITY-ST-ZIP Change Addition Ad			DELETE			SI - ZIP			Change	Addition	
STREET ADDRESS 9700 HIGGINS ROAD, STE. 570 4.3 STREET ADDRESS		<u> </u>							erral Olivida	LLJ /109(00))	
City-Si-7® ROSEMONT IL 60018 44 City-St-ZiP Bitle S DELETE 5.1 Title Change Addilio			67A			ADDRESS					
TITLE S DELETE 5.1 TITLE Change Addition			JIV								
		ROSEMONTIL GOVID	DELETE			11 - £1F			Change	Addition	
NAME I SUPPLIED LIGUILET DE LA CONTRACTOR DE LA CONTRACTO	NAME	SCHLAEGEL, DAVID M		5.2 NA							
STREET ADDRESS 2020 WEST HARRY STREET 5.3 STREET ADDRESS			,			ADDRESS					

6.4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

54 CITY-ST-ZIP

6 1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

SIGNATURE:

CITY - 51 - ZIP

STREET ADDRESS

CITY-S1-2IP

THUE NAME **WICHITA KA**

SCHLAEGEL, DAVID M

2020 WEST HARRY ST.

WICHITA KS 67213

Change

■ Addition

FILED

Apr 01 1997 8:00am

Secretary of State

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